



**HOUSING TRUST FUND
RENTAL ASSISTANCE PROGRAM
REQUEST FOR LEASE APPROVAL**

The program participant identified below has located a dwelling unit at _____

(address, unit number, city, zip) he/she wishes to rent. The owner identified below is interested in renting the unit to the participant. The participant and owner are requesting that the Housing Agency review the information below in order to determine if this property is eligible to participate in the Housing Trust Fund Rental Assistance Program funded by the Minnesota Housing Finance Agency and administered by the Housing Agency. The requested beginning date of the lease is _____.

1. Type of Property (Check):

- | | |
|---|--|
| <input type="checkbox"/> Single Family Home | <input type="checkbox"/> Duplex/Townhouse |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Single Room Occupancy |
| <input type="checkbox"/> Three to six-unit building | <input type="checkbox"/> Building with more than six units |

2. Year Built: _____

3. Number of bedrooms: _____

4. Total monthly rent to be charged: \$ _____

Security Deposit: \$ _____

5. Utilities and Appliances: (Mark O for those furnished by the owner and T for those furnished or paid for by the tenant. Indicate the fuel source, where appropriate.)

_____ Electricity (lights)	_____ Heating (gas _____ electric _____ other _____)
_____ Cooking (gas _____ electric _____)	_____ Hot water (gas _____ electric _____)
_____ Water/sewer	_____ Trash Collection
_____ Range _____ Refrigerator	_____ Air conditioner

6. Lease: Owner's lease (**Note:** The program requires that the form Housing Trust Fund Rental Assistance Lease Addendum be made part of an owner's lease.)

7. Housing Agency Review. The participant and owner understand that the Housing Agency will review the above information and the proposed lease form, and will inspect the dwelling unit/property for compliance with the program's Housing Quality Standards. The Housing Agency will notify the participant and owner whether or not the lease and property are acceptable for participation in the program. The Housing Agency is not obligated to pay any part of the rent on behalf of the participant until the owner executes a Housing Trust Fund Rental Assistance Contract with the Housing Agency and the unit passes the Housing Quality Standards inspection.

8. By executing this Request for Lease Approval, the owner certifies that the unit is made available, managed, and operated regardless of race, color, creed, religion, sex, national origin, disability, familial status, marital status, and status with regard to public assistance.

SIGNATURES

Household

By: _____
Head of Participant Household Date

By: _____
Household Member Date

Telephone Number

Owner

By: _____
Owner, or authorized representative Date

Owner's or representative's address Phone Number

Owner's TIN/Social Security #